Table of Contents

State/Territory Name: Ohio

State Plan Amendment (SPA) #: 19-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 233 N. Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



Regional Operations Group

May 23, 2019

Maureen M. Corcoran, Director Ohio Department of Medicaid P.O. Box 182709 50 West Town Street, Suite 400 Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 19-013

Dear Ms. Corcoran:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #19-013 - Compliance with 21st Century Cures Act requirement to

publish fee-for-service provider directory on State Medicaid

Agency's public website

- Effective Date: July 1, 2019

- Approval Date: May 23, 2019

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes Deputy Director Center for Medicaid & CHIP Services

Regional Operations Group

Enclosures

cc: Carolyn Humphrey, ODM

Becky Jackson, ODM Greg Niehoff, ODM

		La control		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	19-013	OHIO		
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT (MEDICA			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
CENTERS FOR MEDICARE & MEDICAID SERVICES	July 1, 2019			
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
5. TYPE OF PLAN MATERIAL (Check One):				
	CONSIDERED AS NEW PLAN	⋈ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:			
Section 1902(a)(83) of the Act;	a. FFY 2019 \$0			
21st Century Cures Act (Division A of P.L. 114-255) 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2020 \$0 9. PAGE NUMBER OF THE SUPERS	EDED DI AN SECTION		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	OR ATTACHMENT (If Applicable):			
Section 4.47, page 1 of 1 (new)				
10. SUBJECT OF AMENDMENT: Adding assurance of compliance with Section 5006 of the 21st Century Cures Act requiring publication of a fee-for-service provider directory on the ODM public website.				
11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
	1000 I 0000 - 100000 page 1			
13. TYPED NAME: MAUREEN M./CORCORAN	Carolyn Humphrey			
	Ohio Department of Medicaid			
14. TITLE: STATE MEDICAID DIRECTOR	STATE MEDICAID DIRECTOR P.O. BOX 182709			
Columbus, Ohio 43218				
15. DATE SUBMITTED: May 6, 2019				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED:	18. DATE APPROVED:	2010		
May 6, 2019	May 23, 2	2019		
PLAN APPROVED – ON		CICIAI.		
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2019	20. SIGNATURE OF REGIONAL OFF	FICIAL: /s/		
21. TYPED NAME:	22. TITLE:	7 37		
Ruth A. Hughes	Deputy Director			
23. REMARKS:	2 of any 2 meeter			
		N .		

State Plan under Title XIX of the Social Security Act State of Ohio

<u>Citation</u> :	4.47	4.47 21st Century Cures Act		
Section 5006 of P-L 114-255	Requ	Requiring Publication of Fee-for-Service Provider Directory		
	\boxtimes	State is in compliance with the requirements of Section 5006 of the 21 st Century cures Act.		
		State will be in compliance with Section 5006 of the 21st Century Cures Act by		
		State Plan's managed care coverage exempts this state from the requirements of Section 5006 of the 21st Century Cures Act.		
		State would potentially need to enact legislation to comply with Section 5006 of the 21 st Century Cures Act and will discuss compliance with CMS.		

TN: 19-013 Supersedes TN: New

Approval Date: <u>5/23/19</u>

Effective Date: <u>07/01/2019</u>